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# STUDENT/TEACHER COURSE WORK AGREEMENT

This form is to make your teachers from all your subjects aware that you will be attending work placement on these specified dates.

Please have your teachers sign off and keep in your work placement pack.

Student Name: \_\_\_\_\_ Year: \_\_\_\_\_

Work Placement Dates: from \_\_\_\_\_ to \_\_\_\_\_

Subject	Teacher	Teacher's Signature